

Exhibit B

Claims Administrator:

Ch

FULTON/HIGHPOINT
CHEVROLET

EXPLANATION OF BENEFITS			
Claim Number:	SIKOR.0066.0102.0002.02.M.031		
Employee SSN:	052660287	DATE PROCESSED	11/14/02
Employee Name:	JOHN J SIKORSKI		
Patient Name:	CATHERINE V SIKORSKI SPOU		

[illegible]

PAYMENTS MADE TO	AMOUNT	CHECK NO.
EPILEPSY & NEUROPHYSIOLOGY (NJ)	10,384.00	49872
PROVIDER TAX IDENTIFICATION NUMBER		
14015451		

Please note the tax payer identification number (TIN) printed on this explanation of benefits to the left. This is the number that will be used to file your 1099-MISC form with the IRS. If the TIN, payee name and/or address are incorrect, please contact the above claims administrator to correct it. Thank you for your cooperation.

ODE *	REMARKS
	110702 66 3 2 MARYANNE

110702 66 3 2
MARYANNE



To avoid unnecessary delays **ALWAYS** include a claim form stating the Employee's Social Security Number and Group Number or Group Name.

Exhibit C

RECTOR
JULIUS
CLAUDE

Medical Research

DATE RECEIVED
11/21/08

1507 1004.507117 1400451173

Claim No: S10000066102002000014
Employee SSN: 052660187
Claimant: CARPENTIER V
Last Name: SIMONEK
SIC:

1955
 1956
 1957
 1958
 1959
 1960
 1961
 1962
 1963
 1964
 1965
 1966
 1967
 1968
 1969
 1970
 1971
 1972
 1973
 1974
 1975
 1976
 1977
 1978
 1979
 1980
 1981
 1982
 1983
 1984
 1985
 1986
 1987
 1988
 1989
 1990
 1991
 1992
 1993
 1994
 1995
 1996
 1997
 1998
 1999
 2000
 2001
 2002
 2003
 2004
 2005
 2006
 2007
 2008
 2009
 2010
 2011
 2012
 2013
 2014
 2015
 2016
 2017
 2018
 2019
 2020
 2021
 2022
 2023
 2024
 2025
 2026
 2027
 2028
 2029
 2030
 2031
 2032
 2033
 2034
 2035
 2036
 2037
 2038
 2039
 2040
 2041
 2042
 2043
 2044
 2045
 2046
 2047
 2048
 2049
 2050
 2051
 2052
 2053
 2054
 2055
 2056
 2057
 2058
 2059
 2060
 2061
 2062
 2063
 2064
 2065
 2066
 2067
 2068
 2069
 2070
 2071
 2072
 2073
 2074
 2075
 2076
 2077
 2078
 2079
 2080
 2081
 2082
 2083
 2084
 2085
 2086
 2087
 2088
 2089
 2090
 2091
 2092
 2093
 2094
 2095
 2096
 2097
 2098
 2099
 2100
 2101
 2102
 2103
 2104
 2105
 2106
 2107
 2108
 2109
 2110
 2111
 2112
 2113
 2114
 2115
 2116
 2117
 2118
 2119
 2120
 2121
 2122
 2123
 2124
 2125
 2126
 2127
 2128
 2129
 2130
 2131
 2132
 2133
 2134
 2135
 2136
 2137
 2138
 2139
 2140
 2141
 2142
 2143
 2144
 2145
 2146
 2147
 2148
 2149
 2150
 2151
 2152
 2153
 2154
 2155
 2156
 2157
 2158
 2159
 2160
 2161
 2162
 2163
 2164
 2165
 2166
 2167
 2168
 2169
 2170
 2171
 2172
 2173
 2174
 2175
 2176
 2177
 2178
 2179
 2180
 2181
 2182
 2183
 2184
 2185
 2186
 2187
 2188
 2189
 2190
 2191
 2192
 2193
 2194
 2195
 2196
 2197
 2198
 2199
 2200
 2201
 2202
 2203
 2204
 2205
 2206
 2207
 2208
 2209
 2210
 2211
 2212
 2213
 2214
 2215
 2216
 2217
 2218
 2219
 2220
 2221
 2222
 2223
 2224
 2225
 2226
 2227
 2228
 2229
 2230
 2231
 2232
 2233
 2234
 2235
 2236
 2237
 2238
 2239
 2240
 2241
 2242
 2243
 2244
 2245
 2246
 2247
 2248
 2249
 2250
 2251
 2252
 2253
 2254
 2255
 2256
 2257
 2258
 2259
 2260
 2261
 2262
 2263
 2264
 2265
 2266
 2267
 2268
 2269
 2270
 2271
 2272
 2273
 2274
 2275
 2276
 2277
 2278
 2279
 2280
 2281
 2282
 2283
 2284
 2285
 2286
 2287
 2288
 2289
 2290
 2291
 2292
 2293
 2294
 2295
 2296
 2297
 2298
 2299
 2300
 2301
 2302
 2303
 2304
 2305
 2306
 2307
 2308
 2309
 2310
 2311
 2312
 2313
 2314
 2315
 2316
 2317
 2318
 2319
 2320
 2321
 2322
 2323
 2324
 2325
 2326
 2327
 2328
 2329
 2330
 2331
 2332
 2333
 2334
 2335
 2336
 2337
 2338
 2339
 2340
 2341
 2342
 2343
 2344
 2345
 2346
 2347
 2348
 2349
 2350
 2351
 2352
 2353
 2354
 2355
 2356
 2357
 2358
 2359
 2360
 2361
 2362
 2363
 2364
 2365
 2366
 2367
 2368
 2369
 2370
 2371
 2372
 2373
 2374
 2375
 2376
 2377
 2378
 2379
 2380
 2381
 2382
 2383
 2384
 2385
 2386
 2387
 2388
 2389
 2390
 2391
 2392
 2393
 2394
 2395
 2396
 2397
 2398
 2399
 2400
 2401
 2402
 2403
 2404
 2405
 2406
 2407
 2408
 2409

PROVIDOR AND DATE OF SERVICE	DESCRIPTION	CHARGE	EXCLUDED	REMARK CODE	443 MEM DISCOUNT	447 PAYMENT	443 HMO CREDITY
7/31/02	WACHSNER UNIVERSITY	NON	447	443	447	443	443

2017年12月27日

DATE	DESCRIPTION	AMOUNT	BALANCE
10/1	10/1	10/1	10/1
10/2	10/2	10/2	10/2
10/3	10/3	10/3	10/3
10/4	10/4	10/4	10/4
10/5	10/5	10/5	10/5
10/6	10/6	10/6	10/6
10/7	10/7	10/7	10/7
10/8	10/8	10/8	10/8
10/9	10/9	10/9	10/9
10/10	10/10	10/10	10/10
10/11	10/11	10/11	10/11
10/12	10/12	10/12	10/12
10/13	10/13	10/13	10/13
10/14	10/14	10/14	10/14
10/15	10/15	10/15	10/15
10/16	10/16	10/16	10/16
10/17	10/17	10/17	10/17
10/18	10/18	10/18	10/18
10/19	10/19	10/19	10/19
10/20	10/20	10/20	10/20
10/21	10/21	10/21	10/21
10/22	10/22	10/22	10/22
10/23	10/23	10/23	10/23
10/24	10/24	10/24	10/24
10/25	10/25	10/25	10/25
10/26	10/26	10/26	10/26
10/27	10/27	10/27	10/27
10/28	10/28	10/28	10/28
10/29	10/29	10/29	10/29
10/30	10/30	10/30	10/30
10/31	10/31	10/31	10/31

Remarks Code	Remarks Description	Additional Claims Information
122	CLAIM DENIED, CHARGE/SERVICE LACKS INFORMATION NEEDED FOR PROCESSING REQUESTING FROM THE HOSPITAL A REFILL FOR COVERED DATES OF SERVICES FROM 7/1/82 THROUGH 7/31/82.	

2000

३१५६